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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO \$1510 nonprovisional \$300 \$1810 02/02/2009 **EXAMINER** ART UNIT **CLASS-SUBCLASS** VU, THONG H 2419 709-229000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Fitzpatrick, Cella, (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. òr agents OR, alternatively, 2 Harper & Scinto (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. 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